METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE

Metropolitan Health Department Pollution Control Division 311 - 23rd Avenue North Nashville, Tennessee 37203

Telephone: (615) 340-5653 FAX: (615) 340-2142

PART 70 OPERATING PERMIT APPLICATION EMISSION SOURCES AND FLOW DIAGRAMS

incinerators that are		process emission sources, fuel burning installations, and attach a plot plan of this facility identifying each stack or
	activities which are exempted form Chapter 10.56, "Air Pollution Control	permitting because of size or production rate and cite the of the Metropolitan Code of Laws.
List the names of stat	es that are within 50 miles of your fac	ility
Page No.:	Revision No.:	Date of Revision:

INSTRUCTIONS FOR APC FORM V.2:

OPERATIONS AND FLOW DIAGRAMS

Air contaminant sources that are required to obtain a permit in accordance with Regulation No. 13, "Part 70 Operating Permit Program" of the Code of the Metropolitan Government of Nashville and Davidson County, Tennessee, must complete and return this form. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information requested by the Director to enable him/her to act on the application may result in return of this application. If there is additional information that will not fit on a form, please declare the information on additional sheet(s) and attach it to the back of the original.

ONE FORM SHOULD BE INCLUDED WITH EACH APPLICATION.

- Item 1 Please list, number and describe briefly each EMISSION SOURCE THAT IS COVERED BY THIS APPLICATION. Please attach a flow diagram for this application. A detailed flow diagram for each emission source is not required.
- **Item 2** Insignificant sources that are exempted based on insignificant activities and emission levels are not required to be included in the permit application. However, insignificant activities which are exempted because of size or production rate are to be included in the permit application along with citation of the applicable requirements.
- **Item 4** Page number must be filled in. Revision number and date of revision are to be filled in only if the information on this process is Being revised.

IF ANY ITEM ON THIS APPLICATION FORM IS NOT APPLICABLE TO THIS FACILITY, THE ITEMS MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".